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STATE OF ILLINOIS
OTTO KERNER, Governor

Information on Payments
for
Cost of Treatment
of
Patients in State Hospitals

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Issued by authority of
DEPARTMENT OF MENTAL HEALTH
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Director

Prepared by
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State Office Building
401 South Spring Street
Springfield, Illinois

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The Mental Health Code directs the Department of Mental Health to collect from patients or their responsible relatives the costs of treatment in state mental hospitals. This pamphlet has been prepared to clarify those provisions of the law which are most frequently misunderstood, not to explain the law in detail.

Persons who have further questions may write or visit the Reimbursement Services, State Office Building, Springfield, or any of the zone offices of the Department listed at the end of this pamphlet.

The purpose of the law is to provide more and better facilities for treatment of patients. It is not intended to reduce the amount of state expenditures for the mentally ill and the mentally retarded.

In no case does any charge include the full cost of a patient to the state. Capital expenditures, such as the cost and maintenance of buildings, are not figured in the pay plan.

* * *

1. Q Who is required to pay charges for treatment?

A Each patient or the estate of such patient is legally responsible for payment of the maximum rate of charges. If the income or estate of a patient is insufficient to pay maximum charges, certain relatives, including the spouse, parents, and children, are legally responsible for treatment charges. See question #2.

2. Q How much must be paid?

A Effective January 1, 1964 the maximum rate of charge is \$132 a month. This does not exceed the average treatment cost of a patient in a state hospital for the preceding

fiscal year. If the patient or his estate cannot pay this amount, charges up to \$50 a month may be assessed against responsible relatives. Charges to responsible relatives are based on a prescribed schedule and on regulations which provide for a reasonable standard of living. The schedule in this pamphlet provides for various rates based on gross income and number of dependents in family.

3. Q How does the Department of Mental Health determine the amounts to be paid by responsible relatives?

A By the use of the schedule shown in this pamphlet, and other established regulations pertaining to assets. Monthly income is defined as all gross income of the responsible relative and his family unit. Dependent persons are those dependent upon the responsible relative for more than one-half of their support. Here are two examples based on the schedule: (1) A single person earning \$305 a month has no dependents except his mother, who is a patient in a state hospital. The charge would be \$3 a month. (2) A man with a wife and two dependent children has only his salary of \$465 a month. His father is a patient in a state hospital. With four persons in the family unit, the charge would be \$6 a month.

4. Q Will the maximum rate be changed?

A Maximum rate for patient may be changed each year. It is dependent upon cost of operation.

Maximum rate for responsible relatives is established by legislative action.

5. Q Does this charge include clothing, transportation and incidental expenses?
- A No. Clothing, transportation and other incidental expenses shall be defrayed by the patient, his estate, or the spouse, parents or children, even if such persons are determined not able to pay the costs of treatment.

SCHEDULE FOR DETERMINING ON THE BASIS OF GROSS INCOME OF THE FAMILY UNIT THE AMOUNT TO BE PAID BY RESPONSIBLE RELATIVES FOR TREATMENT CHARGES FOR THE PATIENT, IN ADDITION TO THE COSTS OF THE PATIENT'S CLOTHING AND INCIDENTAL PERSONAL NEEDS

Monthly Income of Family Unit	<u>Number of Persons in Family Unit</u> (Includes head of family and all dependents, but does not include patient)						
	1	2	3	4	5	6	7
Voluntary payments will be accepted from persons whose incomes are below the minimum base amounts shown on this schedule. Voluntary payments in excess of required amounts will be accepted from responsible persons as well as from non-responsible persons.							
\$300-309	3						
310-319	6						
320-329	9						
330-339	12						
340-349	15						
350-359	18	3					
360-369	21	6					
370-379	24	9					
380-389	27	12					
390-399	30	15					
400-409	33	18	3				
410-419	36	21	6				
420-429	39	24	9				
430-439	42	27	12				

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Monthly Income of Family Unit	Number of Persons in Family Unit (Includes head of family and all depend- ents, but does not include patient)						
	1	2	3	4	5	6	7
\$440-449	45	30	15				
450-459	48	33	18	3			
460-469	50	36	21	6			
470-479	50	39	24	9			
480-489	50	42	27	12			
490-499	50	45	30	15			
500-509	50	48	33	18	3		
510-519	50	50	36	21	6		
520-529	50	50	39	24	9		
530-539	50	50	42	27	12		
540-549	50	50	45	30	15		
550-559	50	50	48	33	18	3	
560-569	50	50	50	36	21	6	
570-579	50	50	50	39	24	9	
580-589	50	50	50	42	27	12	
590-599	50	50	50	45	30	15	
600-609	50	50	50	48	33	18	3
610-619	50	50	50	50	36	21	6
620-629	50	50	50	50	39	24	9
630-639	50	50	50	50	42	27	12
640-649	50	50	50	50	45	30	15
650-659	50	50	50	50	48	33	18
660-669	50	50	50	50	50	36	21
670-679	50	50	50	50	50	39	24
680-689	50	50	50	50	50	42	27
690-699	50	50	50	50	50	45	30
700-709	50	50	50	50	50	48	33
710-719	50	50	50	50	50	50	36
720-729	50	50	50	50	50	50	39
730-739	50	50	50	50	50	50	42
740-749	50	50	50	50	50	50	45
750-759	50	50	50	50	50	50	48
760-769	50	50	50	50	50	50	50
770-779	50	50	50	50	50	50	50
780-789	50	50	50	50	50	50	50
790-799	50	50	50	50	50	50	50
800-809	50	50	50	50	50	50	50
810-819	50	50	50	50	50	50	50



6. Q Will the amount of the charge be changed if there are changes in the financial situation of the responsible relative?
- A Yes. Any person who receives a statement of charge may ask the Department for release from or reduction of the charges in event of changes in his financial situation. All information will be reviewed. If the facts presented indicate that reduction or release from charges is warranted, such change will be made. Any person who has been billed for treatment charges may also request that a hearing be held, but he should first present all the facts to allow the Department to settle the matter without a hearing if possible.
7. Q If a person is not responsible under the law but wishes to contribute toward the costs of a patient, may he pay whatever amount he desires?
- A Yes. For example, brothers or sisters of patients are not required to pay. However, they or other exempt relatives or friends may wish to do so. They may contribute any amount they wish.
8. Q Will patients for whom costs are paid receive favors or better care than those for whom no payment is made?
- A No admission or detention of a patient in a state hospital shall be limited or conditioned in any manner by the financial status or ability to pay of a patient, the estate of a patient, or any responsible relative of a patient.
9. Q Will patients receive pay for work which they do at the hospital?

A No. Work assigned to a patient is a part of that patient's therapy. It is a part of his treatment and rehabilitation program.

10. Q How is money collected for care and treatment used to benefit the patient?

A It is deposited with the State Treasurer in a special fund designated as the Mental Health Fund. The Department of Mental Health will recommend to the Legislature ways and means of using this money for improving the treatment of patients. The money cannot be used until appropriations, based on such recommendations, are made by the Legislature.

GENERAL

1. All remittances for cost of treatment must be made payable to the Department of Mental Health and mailed to the Reimbursement Service, State Office Building, Springfield, Illinois. Please send remittances in form of check, draft or money order.

Payments may be made personally at the office.

Payments should not be made in any other manner than described above. No individual has authority to accept payment other than employees on duty in the Springfield office.

2. Clothing, transportation and incidental expense money for patient's use must be sent directly to the hospital concerned.
3. Do not write to state hospitals regarding payment for costs of treatment. State hospital superintendents will only have to forward such mail to the Reimbursement Service.



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4. The Department of Mental Health has been advised by competent tax advisers that the Bureau of Internal Revenue will permit legally responsible relatives to claim patients as dependents if the relative pays for more than one-half of the patient's total support and the patient has a taxable income of less than \$600.

We are further advised that the costs of hospital treatment for the patient and medical expenses of the taxpayer may be deducted for tax purposes in accordance with Internal Revenue Service limitations.

Before you prepare your income tax returns you should clear these matters with responsible tax officials.

5. Information regarding the program can also be obtained from the following, Zone Offices:

428 - 7th Street, Rockford, Illinois 61104;
Telephone 965-8741

160 North LaSalle Street, Chicago, Illinois
60601; Telephone 346-2000 Ext. 2480

5th Floor, Court House, 324 Main Street
Peoria, Illinois 61602; Telephone 673-4473

817 Myers Building, 101 South 5th Street
Springfield, Illinois 62701; Telephone 525-6667

44 Main Street, Champaign, Illinois 61820;
Telephone 356-2583

1202 West Main Street, Carbondale, Illinois
62901; Telephone 549-3351

435 Missouri Avenue, East St. Louis, Illinois
62201; Telephone 875-1204

411 West Galena Boulevard, Aurora, Illinois
60504; Telephone 896-0881